



Office of Radiation Control

## REQUEST FOR HANDHELD X-RAY EXEMPTION

### INSTRUCTIONS

Submit this form to: Office of Radiation Control, Alabama Department of Public Health, P.O. Box 303017, Montgomery, AL 36130

Print or type the name and mailing address of the facility for which this form is filed:	
Enter the facility's x-ray registration number:	
Enter the manufacturer of the handheld x-ray device	
Enter the x-ray device model	

In accordance with Rule 420-3-26-.01(3)(a) of the Rules of the State Board of Health, this request for exemption to Rule 420-3-26-.06(8)(c) to allow use of the above handheld x-ray devices will not result in undue hazard to public health and safety if the following conditions are met:

1. The device shall have a means to be placed in an **X-ray Locked** mode which will prevent the inadvertent or unauthorized production of x-rays.
2. Each individual operating the device shall complete the training provided by the manufacturer, or other persons approved by the Agency, and pass an examination. A certificate or other documentation demonstrating completion of approved training will be kept on file where the device is registered and made available for Agency review at all reasonable times.
3. The device shall be in the **X-ray Locked** mode when it is not in active use and the device will not be enabled until the operator is ready for an exposure.
4. The device will be locked in a secure location with the handset detached at the end of each day's use.
5. The backscatter shield will remain at the outer edge of the collimator cone during use and only positioning kits that do not require the shield to be moved from the edge of the cone will be allowed to be used.
6. Protective clothing (i.e.: leaded aprons, gloves) will be worn if the operator cannot remain in the protective zone of the shield.
7. Notification of the date, time and location of use other than the location listed above shall be made in advance and approved by the Office of Radiation Control of the Alabama Department of Public Health prior to any use at a location other than listed above.

I hereby agree that only the handheld x-ray devices identified in this request and meeting these conditions will be used by the facility listed above. All personnel operating such devices will comply with the conditions of this exemption.

Signature of the individual authorized to sign on behalf of the registrant named in this request:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

Office of Radiation Control  
Alabama Department of Public Health  
P. O. Box 303017, Montgomery, AL 36104